

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

) Group Art Unit: 2663

) Examiner: Duc T. Duong

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MARSH FISCHMANN & BREYFOGLE, LLP

BY:


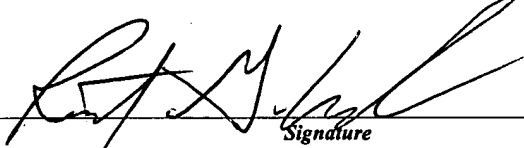



Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits this Amendment and Response in response to the Final Office Action mailed on September 15, 2004.

Although the Applicant believes that no fees are due for filing this Amendment and Response, please charge any fees deemed necessary to Deposit Account No. 50-1419.

Please amend the above-identified patent application as follows:

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 42059-00580													
Applicant(s): SRINIVASAN																	
Application No. 09/145,680	Filing Date 09/02/98	Examiner Duc T. Duong	Customer No. 25231	Group Art Unit 2663	Confirmation No. 6253												
Invention: COMMUNICATIONS SYSTEM FOR DELIVERING IP TELEPHONY AND WEB BASED INFORMATION																	
 COMMISSIONER FOR PATENTS:																	
Transmitted herewith is an amendment in the above-identified application.																	
The fee has been calculated and is transmitted as shown below.																	
CLAIMS AS AMENDED																	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE												
TOTAL CLAIMS	24 -	30 =	0 x	\$18.00	\$0.00												
INDEP. CLAIMS	5 -	5 =	0 x	\$88.00	\$0.00												
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00												
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00												
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1419 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.																	
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.																	
 _____ Signature			Dated: NOVEMBER 15, 2004														
ROBERT G. CROUCH REGISTRATION NO. 34,806 MARSH FISCHMANN & BREYFOGLE LLP 3151 S. VAUGHN WAY #411 AURORA, COLORADO 80014 720-562-5506			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on</td> </tr> <tr> <td style="text-align: center;">NOV. 15, 2004</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">  _____ Signature of Person Mailing Correspondence </td> </tr> <tr> <td colspan="2" style="text-align: center;">TERRI BELICH</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on		NOV. 15, 2004		(Date)		 _____ Signature of Person Mailing Correspondence		TERRI BELICH		Typed or Printed Name of Person Mailing Correspondence	
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CC:																	